MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 01521

002 13 b

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 11 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim,	STREET ADDRESS (If rural, give location) 2809-Remington Ave.,

3. NAME OF DECEASED (Type or Print)	(First) ROBERT	(Middle)	(Last) ALLEN	4. DATE OF DEATH	(Month) Feb., (Day) 9 (Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1893	9. AGE last birthday 56 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N. Carolina	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Allen			14. MOTHER'S MAIDEN NAME (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Nannie Kent (Daughter)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis	1-24-49
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriolosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 29, 1949, to Feb., 9, 1949 that I last saw the deceased alive on Feb., 9, 1949, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman,	M.D.	Henryton, Md.	2/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 14, 1949	NAME OF CEMETERY OR CREMATORY Mt. Auburn	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 2/9/49	REGISTRAR'S SIGNATURE Albert R. Swankhaus Deputy Local	24. FUNERAL DIRECTOR Mrs. Geo. H. Holland	ADDRESS Daniel Hill Co.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01522

442
131a

CERTIFICATE OF DEATH

Reg. Dist. No. 7-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Taneytown
LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) S. (Last) Angel

4. DATE OF DEATH: (Month) February (Day) 24, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 14, 1859

9. AGE last birthday: 89 yrs. (If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: ouw home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abram Angel

14. MOTHER'S MAIDEN NAME: Barbara Copenhaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Noah Babylon, Union Bridge, Md. R #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	30 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardio-vascular-renal disease.	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Feb. 23, 1949, that I last saw the deceased alive on Feb 23, 1949, and that death occurred at 4 30 P m., from the causes and on the date stated above.

SIGNATURE: W H Bradley (Degree or title): M. D ADDRESS: Taneytown Md DATE SIGNED: 2-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb, 27, 1949

NAME OF CEMETERY OR CREMATORY: Reformed Cemetery

LOCATION (City, town, or county) (State): Taneytown, Md.

DATE REC'D BY LOCAL REG.: Feb 25, 1949

REGISTRAR'S SIGNATURE: Margaret R. Englar

24. FUNERAL DIRECTOR: C.O.Fuss & Son ADDRESS: Taneytown, Md.

VS. A15

RECEIVED
MAR 3 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1 ✓ 01523
462

Reg. Dist. No. 75

1. PLACE OF DEATH:
County: Carroll
City or town: Manchester Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year 5 mo.
Hospital, institution, or street address where death occurred:
Long View Nursing Home
How long in hospital or institution? 1 year 5 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Carroll
City or town: Manchester Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: John Edmond Armstrong

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Maggie Hauck
6.(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): Aug 27, 1868

8. AGE: Years: 80 Months: 5 Days: 7. If less than one day: ... hrs. ... min.

9. Birthplace: York County, Penna.
(Town, county and state)
10. Usual occupation: Store Keeper.
11. Industry or business: General Merchandise
FATHER
12. Name: Daniel Armstrong
13. Birthplace: Maryland
MOTHER
14. Maiden name: Augusta Haines.
15. Birthplace: Penna.
16. Informant: Ervin L. Armstrong
Address: Lineboro, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 6, 1949 (month) (day) (year)
Cemetery ~~or crematory~~: Stone Church
Location: Bruceville. R. D.
18. Funeral director: H. Hesson & Son
Address: Glen Rock, Pa.
19. Feb. 3 1949 (Date rec'd by registrar) Mrs. W. P. S. Demmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 3 1949 at 9:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 30 1948 to February 3 1949 and that I last saw h— alive on February 3 1949
Immediate cause of death: Coronary Thrombosis — DURATION: 3 days
Due to: Generalized Arteriosclerosis ? — DURATION: 5 years
Due to: — DURATION: —
Other conditions: Carcinoma of Rectum. — DURATION: 1 year
(Include pregnancy within 3 months of death)
Major findings of operations: — Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: Joseph E. Burns M.D.
M. D. or other
Address: Hampstead Md. Date signed 2/3/49

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01524

002 13b

Reg. Dist. No. 76

1. PLACE OF DEATH
COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CEDARHURST
LENGTH OF STAY (in this place): 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CEDARHURST
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) VIRGINIA (Last) BLIZZARD

4. DATE OF DEATH: (Month) FEB. (Day) 19 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: ABOUT 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): CARROLL COUNTY, MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL H. BLIZZARD

14. MOTHER'S MAIDEN NAME: AMNIE M. CAPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. MARJORIE STEEMAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis with Acute decompensation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic pulmonary tuberculosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: — / —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James T. March, Deputy Medical Examiner — ADDRESS: Westminster, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 2/22/49 — NAME OF CEMETERY OR CREMATORY: Lyer Park — LOCATION (City, town, or county): Smallwood (State): Md

DATE REC'D BY LOCAL REG.: 2/24/49 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01525

2411 N. Charles Street, Baltimore

422.1

CERTIFICATE OF DEATH

930 Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ALVERTA (Middle) I. (Last) BROWN

4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 9-1867

9. AGE last birthday: 81 yrs. — If under 1 year: Months: 11, Days: 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: George W. Duvall

14. MOTHER'S MAIDEN NAME: Mary Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: R. H. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Arteriosclerotic Cardio vascular disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb 24, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE: Merritt E. Robertson (Degree or title) — ADDRESS: New Windsor, Md — DATE SIGNED: Feb 25, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/27/49 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county) (State): New Windsor R. D. Md

DATE REC'D BY LOCAL REG.: Feb 25/49 — REGISTRAR'S SIGNATURE: Grace S Bradt

24. FUNERAL DIRECTOR — ADDRESS: W. H. Harbaugh & Son, Union Bridge & New Windsor, Md

VS. A15

RECEIVED
FEB 28 1949
BUREAU V. S.

Evidence for addition of cause of death

01526

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge — LENGTH OF STAY (In this place): Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) P. (Last) BUCKEY

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 2-1861

9. AGE last birthday: 87 yrs. — If under 1 year: Months 2, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardware

10b. KIND OF BUSINESS OR INDUSTRY: Dealer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Richard R. Buckey

14. MOTHER'S MAIDEN NAME: Susan Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Annie L. Buckey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerosis

450 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Injury to rt leg. causing gangrene & amputation — Oct. 1947 (4/26/49 as)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1948, to Feb 27, 1949, that I last saw the deceased alive on Feb 27, 1949, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE: J. H. Legg (Degree or title) M D — ADDRESS: Union Bridge — DATE SIGNED: MD

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar 2-49 — NAME OF CEMETERY OR CREMATORY: Lipe Creek Cem. — LOCATION (City, town, or county): Uniontown Road (State)

DATE REC'D BY LOCAL REG.: Mar. 1, 1949 — REGISTRAR'S SIGNATURE: P. Eichman - Deputy

24. FUNERAL DIRECTOR: U. D. Hartzler & Sons — ADDRESS: Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01527

2411 N. Charles Street, Baltimore

331

CERTIFICATE OF DEATH

830

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Union Bridge
LENGTH OF STAY (In this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route # 1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Union Bridge
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) Victoria (Last) Burkett

4. DATE OF DEATH: (Month) February (Day) 21, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: January 25, 1859

9. AGE last birthday: 90 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Metz

14. MOTHER'S MAIDEN NAME: Mahalie Freshley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Robert Stone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Feb 21, 1949, that I last saw the deceased alive on Feb 20, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: J. N. Legg M D (Degree or title) — ADDRESS: Union Bridge, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb. 23, 1949 | NAME OF CEMETERY OR CREMATORY: Methodist Cemetery | LOCATION (City, town, or county) (State): Uniontown, Maryland

DATE REC'D BY LOCAL REG.: Feb. 22, 1949 | REGISTRAR'S SIGNATURE: Mary B. Wilt, Deputy

24. FUNERAL DIRECTOR: C. O. Fuss & Son — ADDRESS: Taneytown, Maryland

VS. A15

RECEIVED
FEB 28 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01528

442
131a

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: CARROLL · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PATAPSCO · LENGTH OF STAY (in this place): LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PATAPSCO
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DANIEL	EDWARD	BUSH	FEB.	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	MAY 4, 1867	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMER	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JABEZ BUSH	MYRA SHILLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	NONE	MRS. ALBERT SCHAEFFER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Renal, Vascular Disease	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased Sept. 1, 1948, to Feb. 18, 1949 that I last saw the deceased alive on Feb. 18, 1949, and that death occurred at 3.15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edgar M. Bush	M.D.	Homestead Md.	2/20/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/22/49	PLEASANT GROVE	SANDYMOUNT	MD.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/20/49	[illegible]	J. FRANCIS REESE	WESTMINSTER MD.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01529

002 13-b

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton,
LENGTH OF STAY (In this place) 2 mos., 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MAZIE (Middle) MAE (Last) BUTLER
4. DATE OF DEATH (Month) feb., (Day) 4, (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug., 2, 1918
9. AGE last birthday 30 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Windsor, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Edward Butler
14. MOTHER'S MAIDEN NAME Mazie Black
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	July, 1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19, 1948, to Feb., 4, 1949, that I last saw the deceased alive on Feb., 4, 1949, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman (Degree or title) M.D. ADDRESS Henryton, Md. DATE SIGNED 2-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/7/49 NAME OF CEMETERY OR CREMATORY Western Chapel Cem. LOCATION (City, town, or county) (State) Westminster R.D. Md

DATE REC'D BY LOCAL REG. 2-4-49 REGISTRAR'S SIGNATURE Albert R. Swanphaus Deputy Local
24. FUNERAL DIRECTOR D. D. Fautzer & Sons ADDRESS Union Bridge & New Windsor Md.

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 01530

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

002 13 b

Reg. Dist. No. 74

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 9 mos. 29days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton Sanatorium	STREET ADDRESS (If rural, give location) 103 W. 20th Street

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle)	(Last) Conway	4. DATE OF DEATH	(Month) Feb. 11 (Day) (Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 2-1904	9. AGE last birthday 44 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Roy Conway			14. MOTHER'S MAIDEN NAME Mattie Fields		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 218-10-2031		17. INFORMANT Deceased		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Feb. 1947

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12-, 1948, to Feb. 11, 1949, that I last saw the deceased alive on 2-11-, 1949, and that death occurred at 8:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Reuben Hoffman, M.D.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE 2-14-49	NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 2/11/49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR Mrs Katie R. Wilson 3220 Schroder St	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01531

422 | 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 8a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor — LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) H (Last) DEVILBISS

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 24-1863

9. AGE last birthday: 86 yrs. — If under 1 year: Months. Days 12 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Seed Co. Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George W. Devilbiss

14. MOTHER'S MAIDEN NAME: Betty Baile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Alice Devilbiss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular disease — Interval Between Onset and Death: several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47, to Feb 5, 19 49, that I last saw the deceased alive on Feb 4, 19 49, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James T Marsh M.D. — ADDRESS Westminster — DATE SIGNED Feb

23. BURIAL, CREMATION or REMOVAL (Specify): Burial — DATE: Feb 8-1949 — NAME OF CEMETERY OR CREMATORY: Pipe Creek Cem. — LOCATION (City, town, or county) (State): Uniontown Road

DATE REC'D BY LOCAL REG. Feb 7-1949 — REGISTRAR'S SIGNATURE: Ennis I Benedict

24. FUNERAL DIRECTOR: W. O. Hartley & Sons — ADDRESS: Union Bridge & New Windsor Md.

VS-A15

RECEIVED
FEB 24 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01532

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109

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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T

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (In this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Hersh Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) 15 Hersh Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Jane	Everhart	Feb.	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	Jan. 14-1861	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Westminster, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael J. Snyder	Mary Anne Rebecca Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Charles E. Everhart Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia

(c) Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 7th, 1949 to Feb 10th, 1949 that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 11 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. H. Stewart M.D.	Westminster Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 13-1949	Ridge Cem.	Westminster	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/11/49	H. Lewis Hann	H. Bankard	Union Westminster Md.

RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 01533
932

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Linwood
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Linwood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Florence (Last) Garner

4. DATE OF DEATH: (Month) February (Day) 25, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct, 13, 1860

9. AGE last birthday: 88 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephriam Garner

14. MOTHER'S MAIDEN NAME: Jerushia Christ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Fielder Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension C V D

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1949, to Feb 25, 1949, that I last saw the deceased alive on Feb 25, 1949, and that death occurred at 7 50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Merritt E Robertson M.D. — ADDRESS: New Windsor, Md — DATE SIGNED: Feb 25 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 28, 1949 — NAME OF CEMETERY OR CREMATORY: Church of God Cemetery — LOCATION (City, town, or county) (State): Uniontown Maryland

DATE REC'D BY LOCAL REG.: Feb 26, 1949 — REGISTRAR'S SIGNATURE: Margaret R. English

24. FUNERAL DIRECTOR: C.O.Fuss & Son — ADDRESS: Taneytown, Maryland

RECEIVED
MAR 3 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 01534

13b Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryt on,
LENGTH OF STAY (in this place) 1yr.6mos. 6day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatorium,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-23-
STREET ADDRESS (If rural, give location) 1027-W. Fayette St.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Albert (Last) ~~Galbr~~ GAYLOR

4. DATE OF DEATH (Month) Feb., (Day) 3, (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug.,30,1906

9. AGE last birthday 42 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wilmington, N. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alex Gaylor

14. MOTHER'S MAIDEN NAME Lillie Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. 212-07-5503

17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	July
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	1941
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1947 to Feb., 3, 1949, that I last saw the deceased alive on Feb., 3, 1949, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman, M.D. (Degree or title) ADDRESS Henryton, Md., DATE SIGNED 2-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb. 7-49

NAME OF CEMETERY OR CREMATORY Mt Calvey Cem.

LOCATION (City, town, or county) (State) Brooklyn Md

DATE REC'D BY LOCAL REG. 2-3-49

REGISTRAR'S SIGNATURE Albert R. Swankham
Deputy Local

24. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantly ave

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01535

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton, — LENGTH OF STAY (In this place): 3 yrs. 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatorium,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-30
STREET ADDRESS (If rural, give location): 4-West Henrietta St.,

3. NAME OF DECEASED (Type or Print): (First) ANNIE LAURA (Middle) GILLIAM (Last)

4. DATE OF DEATH: (Month) Feb., (Day) 12 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov., 12, 1924

9. AGE last birthday: 24 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Weldon, N.Carolina

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robert Bond

14. MOTHER'S MAIDEN NAME: Josephine Peblem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 10/27/44

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 12, 19 45, to Feb., 12, 19 49, that I last saw the deceased alive on Feb., 12, 19 49, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben H. Foran M.D. — ADDRESS: Henryton, Md. — DATE SIGNED: 2/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/16/49 — NAME OF CEMETERY OR CREMATORY: Mt Calvary — LOCATION (City, town, or county) (State): A. A. Co. Md

DATE REC'D BY LOCAL REG.: 2/12/49 — REGISTRAR'S SIGNATURE: Albert R. Swankhaus — Deputy Local

24. FUNERAL DIRECTOR — ADDRESS: L L Brown & Son 108 W Montgomery St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01536

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural; LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EFFIE	—	HARTSOCK	Feb.	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 3-1869	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Carroll County, Md	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abraham Harris	Sarah —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		none	J. E. Hartsock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948 to Feb., 1949 that I last saw the deceased alive on Feb. 17, 1949 and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. A. Musser M.D. ADDRESS Union Bridge DATE SIGNED 2/18/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/19/49	Church of God Cem.	Uniontown,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 18, 1949	V. Eichman, Deputy	D. D. Hartzler & Sons	Union Bridge & New Windsor, Md

RECEIVED
APR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

01537

331

830

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville LENGTH OF STAY (in this place): since 1/8/48	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)	(First) Howard	(Middle) Vincent	(Last) HAYES	4. DATE OF DEATH (Month) Feb.	(Day) 21 (Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: 5/12/87	9. AGE last birthday: 61 yrs.	If under 1 year: Months - Days - If under 24 hrs.: Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clericak work	10b. KIND OF BUSINESS OR INDUSTRY: ---	11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME: Lawrence Perrie Hayes	14. MOTHER'S MAIDEN NAME: Minnie Dobbins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nn, or unknown) unkn. (If year, give war or dates nf service) unkn.	16. SOCIAL SECURITY NO.: --- unknown	17. INFORMANT: Records of Springfield State Hospital			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	15 days
Antecedent cause(s)	(b)	
Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral arteriosclerosis, psychosis	for about 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---	19b. MAJOR FINDINGS OF OPERATION: ---	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from June 23, 1948, to Feb. 21, 1949, that I last saw the deceased alive on Feb. 21, 1949, and that death occurred at 11 30 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. H. Hastin	M.D.	Sykesville, Maryland	2/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-25-49	Parkwood Cemetery	3310 Taylor Ave Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 22, 1949	C Harry Neer	Elmer W Conklin	924 E. Eager St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01538

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 4mos., 19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatorium, Henryton

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-5
STREET ADDRESS (If rural, give location): 641-N.Central Ave.,

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) ISAIAH (Last) HAZELTON

4. DATE OF DEATH: (Month) Feb., (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col.,

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb.,27,1915

9. AGE last birthday: 33 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Manager

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Hazelton

14. MOTHER'S MAIDEN NAME: Ann Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-03-3043

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	June,1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Set.,20., 19.48., to Feb2.8., 19.49 that I last saw the deceased alive on Feb., 8., 19.49., and that death occurred at 8:30 PBm., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. — ADDRESS: Henryton, Md. — DATE SIGNED: 2-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-12-49 — NAME OF CEMETERY OR CREMATORY: Mt Calvary — LOCATION (City, town, or county) (State): Brooklyn Md.

DATE REC'D BY LOCAL REG. 2/8/49 — REGISTRAR'S SIGNATURE: Albert R. Swarthout, Deputy Local

24. FUNERAL DIRECTOR: Elroy O Wilson — ADDRESS: 1000 Brantley Ave.

RECEIVED
FEB 12 1949
BUREAU V. S.

01539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH:

County: Carroll

City or town: Union Mills, Westminster R. D. 1 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Union Mills, Westminster R. D. 1 (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Howard Elmer Heltebridle

3. (b) Social Security Number: 219-12-0129

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Clara (Kemper) Heltebridle

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): October 11 1882

8. AGE: Years	Months	Days	If less than one day
66	3	28	hrs. min.

9. Birthplace: Carroll County, Md. (Town, county, and state)

10. Usual occupation: Lumber Yard Employee

11. Industry or business: Keystone Cabinet Co. Littlestown Pa.

FATHER
12. Name: Emanuel Heltebridle
13. Birthplace: Carroll County, Md.

MOTHER
14. Maiden name: Ellen Humbert
15. Birthplace: Carroll County, Md.

16. Informant: Mrs. Clara Heltebridle

Address: Union Mills, Westminster, Md. R. D. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/12/49 (month) (day) (year)

Cemetery or crematory: Pleasant Valley Cemetery

Location: Pleasant Valley, Md.

18. Funeral director: J. W. Little + Son.

Address: Littlestown, Pa. Per - R. A. Little

19. 2/9/49 (Date rec'd by registrar) 19 Calvin E. Bankert, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 9, 1949 19 49 at 6:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 5 19 48 to February 9 19 49 and that I last saw him alive on February 9 19 49

Immediate cause of death	DURATION
Cardiac Failure	24 hrs
Due to Cerebral Hemorrhage	60 hrs
Due to Arteroscleroticheart Disease	5 yrs.
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. C. Richards Jr. M. D. or other

Address: Littlestown, Pa. Date signed: 2/10/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1949
BUREAU V. S.

01540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton, Maryland
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 4 Water Street ✓

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) (Last) HENSON

4. DATE OF DEATH: (Month) February (Day) 26, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 6, 1906

9. AGE last birthday: 42 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brownwood, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Henson

14. MOTHER'S MAIDEN NAME: Mary Ellen Wright ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: Nov., 15,

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 1948

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4., 19 49, to Feb. 26., 19 49, that I last saw the deceased alive on Feb. 26., 19 49, and that death occurred at 11: p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben H. Brown, M.D. ADDRESS: DATE SIGNED:

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE: 3/2/49 NAME OF CEMETERY OR CREMATORY: Broad Neck LOCATION (City, town, or county) (State): Skidmore, Md.

DATE REC'D BY LOCAL REG. 2/26/49 REGISTRAR'S SIGNATURE: Albert R. Brandham

24. FUNERAL DIRECTOR: William Reese, II ADDRESS: Annapolis, Md.

VS. A15

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 01541

EVIDENCE FOR CHANGE OF BIRTH DATE IS ON: FILM No. G 119 FEB 17 1949

13b

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-17-
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim,	STREET ADDRESS (If rural, give location) 807-N.Payson St., ✓

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) JOHNSON	(Last) HILL	4. DATE OF DEATH (Month) Feb., (Day) 12 (Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept., 1, ~~1909~~ 1900	9. AGE last birthday 48 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Hill		14. MOTHER'S MAIDEN NAME (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Maud Hill (Wife)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Nov.,1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 2, 1949, to Feb., 12, 1949, that I last saw the deceased alive on Feb., 12, 1949, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	2/12/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/15/49	Mt Auburn	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/12/49	Albert R. Swanhaum Deputy Local	Isaiah L Brown-Son	108 W Montgomery St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

01542

CERTIFICATE OF DEATH

61

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Manchester
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Manchester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eliza (Middle) A. (Last) Hoffacker

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 3-18-1865

9. AGE last birthday 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Jacob Warner

14. MOTHER'S MAIDEN NAME Elizabeth Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Guy J. Hildebrand

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH (Dec 27-48 (onset))

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1948, to Feb 9, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M. D. ADDRESS Manchester, Md DATE SIGNED Feb 11-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2-12-49

NAME OF CEMETERY ~~OR CREMATORY~~ Reformed

LOCATION (City, town, or county) Manchester Carroll (State) Md

DATE REC'D BY LOCAL REG. Feb 12/49

REGISTRAR'S SIGNATURE Mrs. W. R. S. Denner

24. FUNERAL DIRECTOR Jacob Winks Sons ADDRESS Manchester Md.

RECEIVED
FEB 15 1949
BUREAU V. S.

01543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatorium	STREET ADDRESS (If rural, give location) 808-N. Monroe Street

3. NAME OF DECEASED (Type or Print)	(First) Lillie	(Middle) Mae	(Last) Holloway	4. DATE OF DEATH	(Month) Feb., (Day) 2, (Year) 1949
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12-22-28	9. AGE last birthday 20 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bellhaven, N. Carolina	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Reuben Holloway		14. MOTHER'S MAIDEN NAME Maggie Oden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mrs. Annie Hall (aunt)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous Meningitis	4 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	1941
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1, 1949, to Feb., 2, 1949 that I last saw the deceased alive on Feb., 2, 1949 and that death occurred at 11: A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.,	2-2-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Mt Auburn Cty	2/5/1949	Mt Auburn Cemetery	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-2-49	Albert R. Swankham Deputy Local	Mrs Hattie R. Willson	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 420.1 01544

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

94a Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Manchester
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Manchester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Hossler

4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 4-3-1867
9. AGE last birthday 81 yrs. If under 1 year: Months 9 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Carroll Co. Md
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Henry Brown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Leonard Hossler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 9 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Feb. 2, 1949, that I last saw the deceased alive on Feb. 1, 1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE Maurice C. Porterfield (Degree or title) ADDRESS Hampstead DATE SIGNED 2-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/5/49
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) Manchester (State) Md

DATE REC'D BY LOCAL REG. Feb. 4/49
REGISTRAR'S SIGNATURE Mrs W. R. S. Denver
24. FUNERAL DIRECTOR Jacob Winks Sons ADDRESS Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

01545

2411 N. Charles Street, Baltimore

331
834

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminsville; LENGTH OF STAY (in this place) Yrs. 1 mo. 3 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Houck (Last)

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 15-1900

9. AGE last birthday: 48 yrs. If under 1 year: Months. 6 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Frederick

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Singleton Houck

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Edna Wolf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Pneumonia — Interval Between Onset and Death: 1 wk

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 1 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1948, to Jan 22, 1949, that I last saw the deceased alive on Jan 22, 1949 and that death occurred at 4-40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Haston M.D. ADDRESS Sykesville Md. DATE SIGNED Jan 22/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 2-28-49; NAME OF CEMETERY OR ~~CREMATORY~~: Springfield Hospital; LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: 2-28-49; REGISTRAR'S SIGNATURE: C. Harry Weis

24. FUNERAL DIRECTOR: C. H. Weis; ADDRESS: Sykesville, Md.

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01546

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Sykesville; LENGTH OF STAY (in this place) 3yrs., 5mos., 8days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 133 Duncan

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) HUM

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 14, 1931

9. AGE last birthday: 17 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Hum

14. MOTHER'S MAIDEN NAME: Blanche Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: 1 yr., 4 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency — 4 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1947, to Feb. 20, 1949, that I last saw the deceased alive on Feb. 19, 1949, and that death occurred at 2:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph H. Marshall, M.D. Springfield State Hospital 2/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-22-49 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. Feb. 21, 1949 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: John Ulbrich — ADDRESS: 2008 Orleans St. Balto.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

01547

442
131a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Md
STREET ADDRESS (If rural give location) Park ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Henry (Last) Hunt.

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 26, 1861

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Christian Hurt.

14. MOTHER'S MAIDEN NAME: Catherina (?) Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Lycurgus C. Hurt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Cardio Renal Vascular Lesion	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — — — —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 2/20, 1949, to 2/25, 1949, that I last saw the deceased alive on 2/24, 1949, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph E Bush M.D. — ADDRESS: Hampstead Md — DATE SIGNED: 2/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: 2-28-49 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Manchester Md.

DATE REC'D BY LOCAL REG.: Feb. 27/49 — REGISTRAR'S SIGNATURE: Mrs. H. R. S. Demuth

24. FUNERAL DIRECTOR: Jacob Weaks Sons — ADDRESS: Manchester Md

RECEIVED
MAR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. No. 01548

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville Rural
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Escaped from Springfield State Hospital 1-26-49

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Hosp.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Edward (Last) Jeffery

4. DATE OF DEATH: (Month) Jan. (Day) (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-2-22

9. AGE last birthday: 26 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Archer William Jeffery

14. MOTHER'S MAIDEN NAME: Edna May Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Springfield State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exposure (dead 2-3 months)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Psychosis with mental deficiency — Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rural (CITY OR TOWN) Carroll Co. (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Escaped 1-26-49

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Maurice C. Porterfield (Degree or title) M.D. ADDRESS: Hampstead, Md DATE SIGNED: April 26 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr. 27 1949 — NAME OF CEMETERY OR CREMATORY: Springfield Hosp. Cem. — LOCATION (City, town, or county) (State): Sykesville Md.

DATE REC'D BY LOCAL REG.: Apr. 26, 1949 — REGISTRAR'S SIGNATURE: A Harry Keen

24. FUNERAL DIRECTOR: A Keen — ADDRESS: Sykesville Md.

RECEIVED
APR 30 1949
BUREAU V. S.

01549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

592
1312

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winfield; LENGTH OF STAY (in this place) 50yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winfield; STREET ADDRESS (If rural, give location) Rural--Westminster

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) M (Last) JENKINS

4. DATE OF DEATH: (Month) Feb'y (Day) 9 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	April 19, 1880	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework	Home	Maryland	U.S.A.

13. FATHER'S NAME: George E. Kauffman

14. MOTHER'S MAIDEN NAME: Elizabeth Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. John Kauffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Paralysis Agitans	7 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Chronic Nephritis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feby 6th, 1949 to Feby 9th, 1949, that I last saw the deceased alive on Feby 9th, 1949, and that death occurred at 1.50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. C. Stitely M.D. ADDRESS New Windsor Md DATE SIGNED Feby 10th 49

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	2-11-1949	Bethel Church of God	Winfield	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-10-1949	E. M. Farver	C. M. Waltz	Winfield, Md.

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

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01550

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13b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 1 yr. 27 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore- 18-Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural, give location) 2423-N.Howard St.,

3. NAME OF DECEASED (Type or Print)	(First) GURGES	(Middle) WARREN	(Last) JOHNSON	4. DATE OF DEATH	(Month) Feb., (Day) 15, (Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 22,1913	9. AGE last birthday 35 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Crapo, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME PERRY JOHNSON		14. MOTHER'S MAIDEN NAME (Unknown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 220-09-1507	17. INFORMANT Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	May, 1947
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19, 1948 to Feb., 15, 1949, that I last saw the deceased alive on Feb., 15, 1949, and that death occurred at 10:A.M m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	2/15/49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)	DATE 2/20/49	NAME OF CEMETERY OR CREMATORY Crapo Maryland.	LOCATION (City, town, or county) (State) Dorchester County
DATE REC'D BY LOCAL REG. 2/15/49	REGISTRAR'S SIGNATURE Albert R. Swanshaw Deputy Local	24. FUNERAL DIRECTOR Lewis H Bayneen	ADDRESS 201 Washington Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01551

2411 N. Charles Street, Baltimore

422.1 93 d

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (In this place): since 6/28/43
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 526 Winifred Road

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) - (Last) KILCOINE

4. DATE OF DEATH: (Month) February (Day) 11 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5/11/1873

9. AGE last birthday: 75 yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tin mill worker

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY?: United States

13. FATHER'S NAME: Bartholomew Kilcoine

14. MOTHER'S MAIDEN NAME: Winifred Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis and myocardial degeneration — since 1942

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — since 1943

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) (COUNTY) (STATE): -----

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ---

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: -----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Feb. 11, 1949, that I last saw the deceased alive on Feb. 10, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W W Maston M D

ADDRESS: Sykesville, Maryland

DATE SIGNED: 2/11/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb. 14, 1949

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Feb. 11, 1949

REGISTRAR'S SIGNATURE: Harry Keen

24. FUNERAL DIRECTOR: Charles E. George, Cumberland, Md.

ADDRESS:

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FEB 12 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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97 Reg. Dist. No. 76

1. PLACE OF DEATH COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (in this place) 10 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for aged

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster

STREET ADDRESS (If rural give location) 259 E. Main St

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Fletcher (Last) Lee

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1949

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH July 19, 1861 | 9. AGE last birthday 87 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME ~~[illegible]~~ Lee Elias S. | 14. MOTHER'S MAIDEN NAME ~~[illegible]~~ Sarah E. Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Records of Home, Westminster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arteriosclerosis 2 yrs

Antecedent cause(s) (b) General Arteriosclerosis 10 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlarged prostate

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1938 to Feb. 24, 1949, that I last saw the deceased alive on Feb 8th, 1920, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Amandus MD | ADDRESS Westminster | DATE SIGNED 2/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Bried | DATE 2/28/49 | NAME OF CEMETERY OR CREMATORY Sandown Park | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 2/24/49 | REGISTRAR'S SIGNATURE J. Amandus | 24. FUNERAL DIRECTOR Mamie Syfer | ADDRESS Balto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 28 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 45
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs Maggie (Middle) M. (Last) Maus

4. DATE OF DEATH (Month) Feb (Day) 3 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 12/7/1873

9. AGE last birthday 75 yrs. If under 1 year Months. 1 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ezra D. Stuller

14. MOTHER'S MAIDEN NAME Hester M. Fleagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Wm J. Maus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis and Myocardial Degeneration. (Non Rheumatic)	5 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	15 yrs.
	(c) Arteriosclerosis	15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1939, to Feb. 3, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 9:55a. m., from the causes and on the date stated above.

SIGNATURE R. S. McVaugh (Degree or title) M.D. ADDRESS Taneytown, Md. DATE SIGNED 2/3/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE 2/6/49 NAME OF CEMETERY OR CREMATORY Middleburg ~~Md~~ LOCATION (City, town, or county) Middleburg (State) Md

DATE REC'D BY LOCAL REG. 2/3/49 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR C. O. Fussnson ADDRESS Taneytown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 7 1949
BUREAU T. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unk. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 3-15-46	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Henry	(Last) McCullough (McCulloh)	4. DATE OF DEATH	(Month) 2	(Day) 8	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced	8. DATE OF BIRTH 1890-Sept 13	9. AGE last birthday 58 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) White Hall, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME unknown	14. MOTHER'S MAIDEN NAME Elizabeth Eaton						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) ----	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Benjamin Jirout-son in law.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis and myocardial degeneration	3 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Senile psychosis, simple deterioration	3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION ----	19b. MAJOR FINDINGS OF OPERATION ----	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) ----	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----	(CITY OR TOWN) ---- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Febr. 8, 1949, that I last saw the deceased alive on Febr. 8, 1949, and that death occurred at 6.12 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D.	Martin Gross, M.D.	Sykesville, Md.	2.8.49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/12/49	Holy Redeemer	4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 12th, 1949	R.W. A.W. Hedrick	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Md
LENGTH OF STAY (in this place) 1 year 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madeira, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) Albert (Last) Miller

4. DATE OF DEATH (Month) February (Day) 17 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Jan 23, 1862
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer.
10b. KIND OF BUSINESS OR INDUSTRY Plastering
11. BIRTHPLACE (State or foreign country) Millers, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Aaron Miller
14. MOTHER'S MAIDEN NAME Elizabeth Redding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Herman A Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) (b) Generalized Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: ? ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9/20/47
19b. MAJOR FINDINGS OF OPERATION Hyperhophy Prostate · Cacute Retention ·
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1947, to 2/17, 1949, that I last saw the deceased alive on 2-17, 1949, and that death occurred at 7:30 m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (Degree or title) MD. ADDRESS Hampstead DATE SIGNED 2/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2-20-49
NAME OF CEMETERY OR CREMATORY Millers Cemetery
LOCATION (City, town, or county) Millers Carroll (State) Md

DATE REC'D BY LOCAL REG. Feb 19/49
REGISTRAR'S SIGNATURE Mrs. W. R. S. Donner
24. FUNERAL DIRECTOR Jacob Winters Sons ADDRESS Manchester Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville; LENGTH OF STAY (in this place) 15 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt - Hagerstown; STREET ADDRESS (If rural, give location) 340 N. Potomac

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Mundey

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. (SINGLE), MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5 Feb. 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fleman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Mundey

14. MOTHER'S MAIDEN NAME: Catherine Saylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Records of Springfield St. Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis with Myocardial degeneration	9 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Arteriosclerosis — 15 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1934 to Feb 19, 1949, that I last saw the deceased alive on Feb 19, 1949 and that death occurred at 2-15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M N Mastin MD Sykesville Md 2/19/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Feb. 22, 1949

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Hagerstown Washington Md.

DATE REC'D BY LOCAL REG. 2/19/49

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR ADDRESS C. M. Suter and Son.

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FEB 21 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

EVIDENCE FOR ADDITION IN # 18, II IS ON: FILM 9119 - 4-5-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 yrs 15 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3713 Elkador Rd

3. NAME OF DECEASED (Type or Print) (First) Pauline (Middle) Agnes (Last) Newkirk
4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1949
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 13 1878
9. AGE last birthday 70 yrs. If under 1 year: Months 7 Days 3 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME Fredrick Loehning
14. MOTHER'S MAIDEN NAME Elizabeth Bowman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs George Eckhoff Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia (terminal	3 da
Antecedent cause(s)	(b) Huntingtons Chorea	16 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral Arterio Sclerosis	18 yrs

334
46 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Autopsy showed also Carcinoma of Stomach c̄ metastasis to regional lymph nodes. (4/5/49 - a.s.)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st 1946, to Feb 16, 1949, that I last saw the deceased alive on Feb 16, 1949, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE J. J. Martin (Degree or title) M.D. ADDRESS Sykesville Md DATE SIGNED Feb 16-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 19
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) (State) Frederick Road
DATE REC'D BY LOCAL REG. Feb. 16, 1949
REGISTRAR'S SIGNATURE Stacy Weer
24. FUNERAL DIRECTOR John C. Moran ADDRESS 3000 E Baltimore St

RECEIVED
FEB 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

01558

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton,
LENGTH OF STAY (in this place): 5 mos. 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-17 Md.
STREET ADDRESS (If rural, give location): 2229- Pennsylannia Ave.,

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) HAZEL (Last) PEEBLES

4. DATE OF DEATH: (Month) Feb., (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec., 19, 1931

9. AGE last birthday: 17 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brunwick, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Peebles

14. MOTHER'S MAIDEN NAME: Frances Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Clara L. Jones (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — April

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 1948

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditiona contributing to the deatb but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1, 1948, to Feb., 8, 1949, that I last saw the deceased alive on Feb., 8, 1949, and that death occurred at 9:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert Hoffman, M. D. — ADDRESS: Henryton, Md. — DATE SIGNED: 2/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-13-49 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Thomasburg, Va.

DATE REC'D BY LOCAL REG.: 2/8/49 — REGISTRAR'S SIGNATURE: Albert R. Swankham, Deputy Local

24. FUNERAL DIRECTOR: Charles R. Lawson — ADDRESS: 602 Madison Ave.

RECEIVED
FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1 940

01559

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: CARROLL · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER · LENGTH OF STAY (in this place): 10 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 BOND ST.	STREET ADDRESS (If rural give location): 18 BOND ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JACOB	I.	PICKETT	FEB.	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	JUNE 8, 1886	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
GATE WATCHMAN	RAILROAD	PATAPSCO, MD.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
G. WESLEY PICKETT	SARAH E. LEPPO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES	W.W. I	705-10-4877	GERTRUDE M. PICKETT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 2 Wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1949, to Feb 18, 1949, that I last saw the deceased alive on Feb 18, 1949, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julius Chopko	M. D.	88 W Main Westminster Md.	2/19/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	2/21/49	CARROLLTON CHURCH OF GOD	CARROLLTON	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/20	[signature]	J. FRANCIS REESE	WESTMINSTER, MD.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170
50

01560

Reg. Dist. No. 76

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Gamber

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Sykesville Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Gamber
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Nellie R. Reeder

3. (b) Social Security Number: none

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: John L. Reeder

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 13 - 1900

8. AGE: Years 48 | Months 6 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER
12. Name: William Funk
13. Birthplace: Virginia

MOTHER
14. Maiden name: Bessie Pond
15. Birthplace: Virginia

16. Informant: John A. Reeder
Address: Gamber, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb. 14-49
(month) (day) (year)

Cemetery or crematory: Calvary Cemetery

Location: Gamber, Maryland

18. Funeral director: D. D. Hartzler & Sons
Address: Union Bridge & New Windsor, Md.

19. 2/14 1949
(Date rec'd by registrar)
F. Woodward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11 1949, at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 19..., to Feb. 11 1949 and that I last saw her alive on Feb. 11 1949

Immediate cause of death: Carcinoma of breast, left; metastatic carcinoma of lungs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: D. H. Lawson, M.D.
M. D. or other

Address: Sykesville, Md. Date signed 2/11/49

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01561

170 / 50

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
MARYLAND
LENGTH OF STAY (in this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAMPSTEAD
STREET ADDRESS (If rural give location) CARROLL AVE.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) MAY (Last) RhoTEN

4. DATE OF DEATH (Month) February (Day) 14 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Feb 15, 1887

9. AGE last birthday 61 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? America.

13. FATHER'S NAME Richard A. Martin.

14. MOTHER'S MAIDEN NAME Susannah Gist.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. 217-03-4555

17. INFORMANT Denton P. Martin.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Primary Carcinoma Breast. — 2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 22, 1946 to Feb 14, 1949; that I last saw the deceased alive on Feb 13, 1949, and that death occurred at 12:55 A.m., from the causes and on the date stated above.

SIGNATURE Jos E Bush (Degree or title) M.D. ADDRESS Hampstead Md DATE SIGNED Feb 14, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE 16 Feb 49 NAME OF CEMETERY OR CREMATORY Grace LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. Feb 15, 1949 REGISTRAR'S SIGNATURE John S. Hughes Jr.

24. FUNERAL DIRECTOR Edward Tipton ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

01562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH 13b

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton, — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Church Creek,
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) RENA (Middle) (Last) ROSS

4. DATE OF DEATH: (Month) Feb., (Day) 12, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept., 3, 1891

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hoopersville, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lavin Travers

14. MOTHER'S MAIDEN NAME: Elizabeth Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-16-7215

17. INFORMANT: Willie Ross Meekins (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Nov., 1948

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 11, 1949, to Feb., 12, 1949, that I last saw the deceased alive on Feb., 12, 1949, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Wyman, M.D. — ADDRESS: Henryton, Md. — DATE SIGNED: 2/12/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: 2/15/49 — NAME OF CEMETERY OR CREMATORY: Hoopersland — LOCATION (City, town, or county) (State): Dorchester Md

DATE REC'D BY LOCAL REG.: 2/12/49 — REGISTRAR'S SIGNATURE: Albert R. Swanbeck, Deputy Local

24. FUNERAL DIRECTOR — ADDRESS: Lewis H Bayly 201 Washington Street Cambridge Md

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

01563

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

199.1

55e

CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH:

County: Carroll

City or town: Union Mills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Union Mills
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Katherine Schaeffer

3. (b) Social Security Number

213-10-6938

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: William E. Schaeffer

6.(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): December 23 1898

8. AGE:

Years	Months	Days	If less than one day
50	1	20	hrs. min.

9. Birthplace: Carroll County, Md.
(Town, county, and state)

10. Usual occupation: Ass't. Treas. in Bank. Mills, Md.

11. Industry or business: Union Mills Savings Bank, Union -

FATHER
12. Name: Calvin E. Bankert
13. Birthplace: Carroll County, Md.

MOTHER
14. Maiden name: Mary M. Yingling
15. Birthplace: Carroll County, Md.

16. Informant: William E. Schaeffer

Address: Union Mills, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 2/15/49 (month) (day) (year)

Cemetery or crematory: St. Marys Union Cemetery

Location: Silver Run, Md.

18. Funeral director: K. W. Little & Son

Address: Littlestown, PA Per R. A. Little

19. 2/13 1949 (Date rec'd by registrar) C Bankert Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 13 1949, at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1st 1947 to Feb 13th 1949 and that I last saw her alive on Feb 13th 1949

Immediate cause of death: Cerebrovascular Failure

Due to: Abdominal Cancer

Due to

Other conditions

(Include pregnancy within 8 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John J. Stewart M.D. or other

Address: 10th Penna Ave Westminster Md. Date signed Feb 13

no. 163 Pennsylvania ave. 1949

VS A15 9.45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1949
BUREAU V. S.

01564

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331
83a

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Senft

4. DATE OF DEATH (Month) February (Day) 2nd (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH June 6, 1869

9. AGE last birthday 79 yrs. If under 1 year: Months. 7 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel Senft

14. MOTHER'S MAIDEN NAME Eliza Link

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Maggie V. Senft

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 8 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1949, to Feb. 2nd 1949, that I last saw the deceased alive on Jan. 28, 1949, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE C. M. Bernner (Degree or title) MD — ADDRESS Taneytown Maryland — DATE SIGNED Feb. 3rd. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2/4/49 — NAME OF CEMETERY OR CREMATORY Lutheran — LOCATION (City, town, or county) Taneytown (State) Md

DATE REC'D BY LOCAL REG. Feb 4, 1949 — REGISTRAR'S SIGNATURE Ethel M Mehring

24. FUNERAL DIRECTOR C. O. FUSS & SON — ADDRESS Taneytown, Md.

VS. A15

RECEIVED
FEB 7 1949
BUREAU T. S.

01565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (In this place): 40 yrs 3 mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.	STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Harry A Smith	4. DATE OF DEATH (Month) (Day) (Year): Feb 13 1949
5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: 1876 — 9. AGE last birthday: 62 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles A Smith	14. MOTHER'S MAIDEN NAME: Elizabeth Schweikert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 week
Antecedent cause(s)	(b) Genl. Arterio Sclerosis	10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1949, to Feb 13, 1949 that I last saw the deceased alive on Feb 13, 1949 and that death occurred at 8-20 P m., from the causes and on the date stated above.

SIGNATURE: M N Mastin (Degree or title) MD — ADDRESS: Sykesville — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/16/49 — NAME OF CEMETERY OR CREMATORY: Cathedral — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 2/19/49 — REGISTRAR'S SIGNATURE: C. Harry Weed — 24. FUNERAL DIRECTOR: Tingo A Shirley — ADDRESS: Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01566

491

107

Reg. Dist. No. 7K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 6/6/36	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): ?

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Mooth)	(Day)	(Year)
James	Wilmer	STEVENS	February	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Mooths.	Days	If under 24 hrs.: Hours	Min.
male	white	single	8/1/1888	60 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kiod of work done duriog most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
auditor		Baltimore, Maryland	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James B. Stevens	Clara A. Hoddinott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unkn.	---	unknown	Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giviog rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis associated with postencephalitis	25 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--- m.	---	---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Febr. 4, 1949, that I last saw the deceased alive on Febr. 4, 1949, and that death occurred at 6.00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M. D.	M.D.	Sykesville, Maryland	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or couoty) (State)
burial	2/9/49	Loudon Park	Baltimore, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/49	W. L. Gedrich	Lassahn Funeral Home	7401 Belair Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 01567

331

83a

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (In this place): 2yrs 10mo 20da
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): Sykesville Md. ✓

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) D (Last) Stowman

4. DATE OF DEATH: (Month) Jul. (Day) 16 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept 13-1873

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward D Stowman

14. MOTHER'S MAIDEN NAME: Mary Fretburger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Edna D Rutenhouse — Indianapolis, Ind.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Genl. Arterio Sclerosis	4 yrs
	(c) Hypertension	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 27 '46 to Jul 16, 1949, that I last saw the deceased alive on Jul 16, 1949, and that death occurred at 3-10 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. J. Haston M.D. — ADDRESS: Sykesville Md — DATE SIGNED: Jul 16th 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/21/49 — NAME OF CEMETERY OR CREMATORY: Greenmount Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: February 19th 1949 — REGISTRAR'S SIGNATURE: R.W. Holtzclaw

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 01568

CERTIFICATE OF DEATH

92d Reg. Dist. No. 71

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster (Rural) LENGTH OF STAY (in this place) 8 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster, (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sarah	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Rebecca (Last) Talbert

4. DATE OF DEATH (Month) Feb (Day) 7 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH Aug 11-1867 | 9. AGE last birthday 8.1 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? W S

13. FATHER'S NAME W. D. Hanson | 14. MOTHER'S MAIDEN NAME Schelotte Vernon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT Mr Thomas Talbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis (Chronic c̄ Valvular) Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Several years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis General — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia Bilateral Broncho — Jan 1-Jan 15-1949

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1949, to Feb 7, 1949, that I last saw the deceased ~~alive~~ dead on Feb 7, 1949, and that death occurred at 2:40P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Glenn Speicher Westminster Md 2/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Feb 10/49 | NAME OF CEMETERY OR CREMATORY Hampstead | LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG Feb 20/49 | REGISTRAR'S SIGNATURE Margaret R. Englar | 24. FUNERAL DIRECTOR Edna C. Kipton | ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01569

151 / 46 m

Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: E.Balto Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Carroll — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mrs. James (Middle) L (Last) Unger

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1949.

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan. 29, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months: 0 Days: 7 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: David S. Stonesifer

14. MOTHER'S MAIDEN NAME: Savilla R. Marker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Raymond Perry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of abdominal viscera — 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (No operation or autopsy done. Diagnosis made by sedimentation

(c) biopsy on ascitic fluid.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1948, to Feb. 5, 1949, that I last saw the deceased alive on Feb. 5, 1949, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE: R. S. McVaugh (Degree or title): M.D. ADDRESS: Taneytown, Md. DATE SIGNED: Feb. 5, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2/8, 1949.
NAME OF CEMETERY OR CREMATORY: Baust
LOCATION (City, town, or county) (State): Tyrone, Carroll Co., Md.

DATE REC'D BY LOCAL REG.: Feb. 7
REGISTRAR'S SIGNATURE: Mary B. Walt, Deputy

24. FUNERAL DIRECTOR: C.O. FUSS & SON ADDRESS: Taneytown, Md.

RECEIVED
FEB 18 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01570

422.1
938

CERTIFICATE OF DEATH

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy; LENGTH OF STAY (in this place) 33 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	E.	Watkins	Feb.	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	March 11 1862	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	Lumber	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Watkins	Mary B. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	none	Mrs. Geraldine Dubel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Decubitus ulcers, gangrene of left foot.	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	2 years
	(c) Arteriosclerotic cardiovascular disease	15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct. 10, 1947, to Feb. 20, 1949, that I last saw the deceased alive on Feb. 18, 1949, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Kerr M.D.		Damascus, Md.	February 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	2-22-49	Pine Grove	Mt. Airy	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 21/49	Ina D. Snyder	C. M. Waltz,	Winfield, Md.

RECEIVED
FEB 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01571

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton,; LENGTH OF STAY (in this place) 7 mo., 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim, Henryton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.,; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson- 4; STREET ADDRESS (If rural, give location) 318-Lenox Ave.,

3. NAME OF DECEASED (Type or Print): (First) ROBERT; (Middle) —; (Last) WEEMS

4. DATE OF DEATH: (Month) Feb.,; (Day) 1,; (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.,

8. DATE OF BIRTH: Jan.,30,1900

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Weems

14. MOTHER'S MAIDEN NAME: Elizabeth Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Jan., 1,

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 1948

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 19 48 to Feb., 1, 19 49, that I last saw the deceased alive on Feb., 1, 1, 19 49, and that death occurred at 7:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben W. Fowler, M. D. ADDRESS Henryton, Md. DATE SIGNED 2-1-49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Feb. 5, 1949 NAME OF CEMETERY OR CREMATORY Pleasant Rest. LOCATION (City, town, or county) Towson (State) Md.

DATE REC'D BY LOCAL REG. 2-1-49

REGISTRAR'S SIGNATURE Albert R. Swanborn Deputy Local

24. FUNERAL DIRECTOR Mrs. George A. Holland ADDRESS David Hill Rd.

VS. A15

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01572

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton,
LENGTH OF STAY (in this place): 6 mos., 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MARGARET (Last) WHALEN

4. DATE OF DEATH: (Month) Feb., (Day) 3, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 8, 1909

9. AGE last birthday: 39 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bryantown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM GOLDRING

14. MOTHER'S MAIDEN NAME: MARY HAWKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Dec., 1947

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1948, to Feb., 3, 1949, that I last saw the deceased alive on Feb., 3, 1949, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. ADDRESS: Henryton, Md. DATE SIGNED: 2-3-49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: 2/7/49 NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery LOCATION (City, town, or county) (State): Bryantown, Md.

DATE REC'D BY LOCAL REG.: 2-3-49 REGISTRAR'S SIGNATURE: Albert R. Swanborn Deputy Local

24. FUNERAL DIRECTOR: Grant & Ryon ADDRESS: Waldorf, Md

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BUREAU T. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01573

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (In this place) 2 mos. 28 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore- 1 -Md. City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim,	STREET ADDRESS (If rural, give location) 924- Druid Hill Avenue

3. NAME OF DECEASED (Type or Print)	(First) LEROY	(Middle) JAMES	(Last) WHITE	4. DATE OF DEATH	(Month) Feb., (Day) 15, (Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct., 17,1892	9. AGE last birthday 56 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Denbark, S. Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thaddeus White			14. MOTHER'S MAIDEN NAME Dora Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. 212-10-1909	17. INFORMANT Deceased		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Oct.,1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 18, 1948, to Feb., 15, 1949, that I last saw the deceased alive on Feb., 15, 1949, and that death occurred at 3:40 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman	M.D.	Henryton, Md.	2/15/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE Feb 18	NAME OF CEMETERY OR CREMATORY Mt Calvary	LOCATION (City, town, or county) (State) Baltimore Md.
DATE REC'D BY LOCAL REG. 2/15/49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR Adolphus Halstead	ADDRESS 918

Deputy Local

Dec/1.49

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 34 years, 5 mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): unknown ✓

3. NAME OF DECEASED (Type or Print): (First) Elva (Middle) (Last) Whitson

4. DATE OF DEATH: (Month) February (Day) 20, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 5, 1893

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Masonville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Whitson

14. MOTHER'S MAIDEN NAME: Nettie Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinomatosis of peritoneum, liver and possibly brain	about 2 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Papillary adeno-carcinoma of ovarian cyst	6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 35 years

19a. DATE OF OPERATION: August 27, 1948

19b. MAJOR FINDINGS OF OPERATION: Excision of left ovary and ovarian cyst

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-, 1942, to 2-20, 1949, that I last saw the deceased alive on 2-20, 1949, and that death occurred at 9.20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irene Wiehmann, M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 2-20-49

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial DATE: Feb. 23, 1949 NAME OF CEMETERY OR CREMATORY: Cedar Hill LOCATION (City, town, or county) (State): Md.

DATE REC'D BY LOCAL REG.: 2-21-49 REGISTRAR'S SIGNATURE: C. Harry Warr

24. FUNERAL DIRECTOR: J. F. McCully ADDRESS: 134 E. Fayette Balto md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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01575

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 2mos.26days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-17- City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatorium	STREET ADDRESS (If rural, give location) 1527-McCulloh St.

3. NAME OF DECEASED (Type or Print)	(First) ANDREW	(Middle)	(Last) WILBORNE	4. DATE OF DEATH (Month) Feb., (Day) 25, (Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 3,1913	9. AGE last birthday 35 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Wilborne			14. MOTHER'S MAIDEN NAME Hattie Madison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 220-01-1940		17. INFORMANT Deceased	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — April,1948

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 30, 1948, to Feb., 25, 1949, that I last saw the deceased alive on Feb., 25, 1949, and that death occurred at 9:00A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman	M.D.	Henryton, Md.	2/25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/2/1949	Mt. Calvrey, A.A. Co	A.A. County

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/25/49	Albert R. Swankham Deputy Local	A Hat Sted	918 A Hall

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 4 mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Colonial Ave.	STREET ADDRESS (If rural, give location) 62 Colonial Ave.

3. NAME OF DECEASED (Type or Print)	(First) Laura	(Middle) Ellen	(Last) Williams	4. DATE OF DEATH	(Month) Feb.	(Day) 9	(Year) 1949
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 22-1885	9. AGE last birthday 63 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Weaver	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Westminster, Md.			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Mannassa Anthony Stern			14. MOTHER'S MAIDEN NAME Annie Catherine Shettle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. 215-05-0166	17. INFORMANT William Edward Williams				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1st. Oct. 1947

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Disease with Hypertension — abt 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to 2-10, 1949, that I last saw the deceased alive on 2-9, 1949, and that death occurred at 12 30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. L. Billingslea, M.D.		Westminster, Md.	2-11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 12-1949	Westminster Cemetery	Westminster	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/11/49	[signature]	H Bankard & Son	Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Carroll — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Mt. Airy — LENGTH OF STAY (in this place): 17 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Mt. Airy
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Shirley	-----	Williams		Feb.	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	Col	single	2/6/49	0 yrs.	0	0	6	23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	none	Carroll Co., Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Laurence Edward Williams	Minnie Lois Dotson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		none	Laurence Edward Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/6/49, 19....., to 2/7/49, 19....., that I last saw the deceased alive on 2/6/49, 19....., and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Stanley Grabill — ADDRESS: Mt. Airy, Md. — DATE SIGNED: 2/7/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-7-1949	Mt. Zion	Carroll Co. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/49	Wm D Snyder	C. M. Waltz	Winfield, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH COUNTY Carroll MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster LENGTH OF STAY (In this place) Life HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY CARROLL CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WESTMINSTER STREET ADDRESS (If rural give location) ROUTE 4

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOSEPH	DAVID	WIMERT		FEB.	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	MARRIED	MARCH 2, 1877	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARM	FARM	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL E. WIMERT	~~ASHES M. UTZ~~ Mary HARVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	214-01-7748	E. RALPH WIMERT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh	Deputy Medical Examiner	Westminster Md	Feb. 27. 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MAR. 2, 1949	LEISTER'S CEMETERY	RURAL WESTMINSTER	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/3/49	[illegible]	J. FRANCIS REESE	WESTMINSTER, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 2 1949
BUREAU V. M.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

94a

Reg. Dist. No. 82

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harrisville
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harrisville
STREET ADDRESS (If rural give location): Rural--Mt. Airy

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ferdinand		Wise	Feb. 20, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	June 9,1879	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ferdinand Wise	Henrietta Able

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	219-03-5270	Mrs. Elsie M. Wise

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	2 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Infarc	10 da
	(c) Coronary Thrombosis	2 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Uremia 132.2	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/8/49, 19....., to 2/20/49, 19....., that I last saw the deceased alive on 2/20/49, 19....., and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stanley Grabill — ADDRESS: Mt. Airy, Md. — DATE SIGNED: 2/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-22-49	Locust Grove	Mt Woodville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Feb 21/49	Thos D Snyder	C. M. Waltz Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville; LENGTH OF STAY (in this place) since 11/14/14	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 952 Aisquith Street

3. NAME OF DECEASED (Type or Print)	(First) Grover	(Middle) —	(Last) YOUNG	4. DATE OF DEATH	(Month) Feb. (Day) 21 (Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 6/6/1888	9. AGE last birthday 60 yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME Joseph Young		14. MOTHER'S MAIDEN NAME Annie Lang			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Records of Springfield State Hospital			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	many years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Dementia praecox, catatonic type	for more tha 35 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) p— (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 26, 1947, to Feb. 21, 1949, that I last saw the deceased alive on Feb. 21, 1949, and that death occurred at 10 45 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. N. Martin	M.D.	Sykesville, Maryland	2/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 26, 1949	NAME OF CEMETERY OR CREMATORY Springfield Hosp. Cem.	LOCATION (City, town, or county) Sykesville Md (State)
DATE REC'D BY LOCAL REG. Feb. 25, 1949	REGISTRAR'S SIGNATURE C. Harry Weer	24. FUNERAL DIRECTOR C. H. Weer	ADDRESS Sykesville Md.

MARGIN RESERVED FOR BINDING

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